

Kentucky Board of Embalmers And Funeral Directors
9114 Leesgate Rd. Ste 4
Louisville, KY 40222
Office: 502-426-4589; Fax: 502-426-4117
kbefd.ky.gov

APPLICATION FOR EMBALMER'S LICENSE

Last Name	<input type="text"/>	Phone Number	<input type="text"/>
First Name	<input type="text"/>	Date of Birth:	<input type="text"/>
Initial	<input type="text"/>	SSN	<input type="text"/>
Address	<input type="text"/>		City <input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
E-mail address <input type="text"/>			

I have been employed as an apprentice embalmer and worked a minimum of 40 hours per week full time for at least ☐ One year ☐ Two years ☐ Three years under the direction and supervision of the licensed Embalmers listed below:

Name	<input type="text"/>	Embalmer License #	<input type="text"/>
Address	<input type="text"/>		City <input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Phone Number	<input type="text"/>		

Please answer the following questions:

- Are you currently under indictment? ☐ Yes ☐ No
- Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? ☐ Yes ☐ No

I understand that any license granted to me may be revoked by the Board for non-compliance of the Laws of the Commonwealth of Kentucky, the Rules and Regulations of the Board or any false statement in my application.

Signature Date: _____

State of _____ County of _____ personally appeared before me, the person whose name appears above, and made oath that all information given is true to the best of their knowledge, executed before me, this _____ day of _____ 20 _____

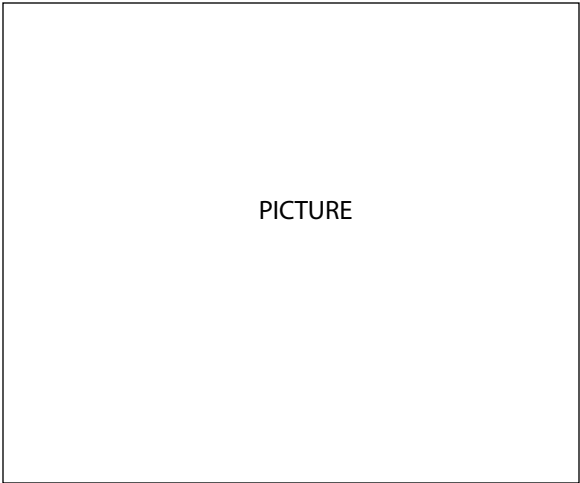
NOTARY SEAL

Signature of Notary Public

My Commission Expires _____

The following must accompany the application:

- 1. A recent photograph of yourself
- 2. The application fee (\$75.00)
Exam fee for Reciprocals (\$125.00)



IN ADDITION TO THE ABOVE REQUIRED INFORMATION:

- *Please include a copy of your High School diploma or a certified copy of your High School transcript.
- *If you have taken the National Board Exams make sure the National Conference Board is sending a copy of your scores to the Board office.
- *If one is not already on file in the Board office please have an Official transcript sent from the college or university you attended.

We, _____ and _____ hereby certify that we are personally acquainted
Kentucky Licensed Embalmer Kentucky Licensed Funeral Director
with _____ the applicant named herein, and know him or her to be of good moral
character, and of good repute in the community in which he/she lives; and that we have read the foregoing statements of said applicant,
and know that they are true.

Kentucky Licensed Embalmer Kentucky Licensed Funeral Director

The Kentucky Board of Embalmers and Funeral Directors will provide reasonable modification in the administration of all
licensure exams for qualified individuals with disabilities. The qualified individual with a disability shall submit, to the Board,
documentation from an appropriate professional verifying limitations imposed by his/her disability. The individual with the
disability shall request the effective modification.

This section is to be completed by the Board office.

License Number Issued

Percentage on test

Date of Examination

License Issued Date

License Declined Date

Remarks: